

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6384

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4961 Delor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 70 years /  
years, months or days)

3. (a) PRINT FULL NAME Herman Beckmann

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 18 1848  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>1</u>	<u>15</u>	hr. .... min.

9. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation wood finisher

11. Industry or business.....

MOTHER FATHER { 12. Name. ----- Beckmann

13. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... unknown

15. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Tschambers

(b) Address 4961 Delor

17. (a) Cremation (b) Date thereof 8-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John Ziegler

(b) Address 4961 Delor

19. (a) Aug 4 1941

(b) W. Beckmann  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4961 Delor  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 4 / 1929  
....., 19....., to Aug 3, 19.....  
that I last saw him alive on 7/3/41  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Senile debility  
No other disease

Due to.....

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....  
(Specify type of place) (Means of injury)

23. Signature D. C. Phelps (M. D. or other).....  
Address 4523 S. Maryland Date signed 8/11/41

Duration

24 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**